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PLEASE TYPE	PLEASE TYPE OR PRINT Ente		ered previous May Show	
		⊠ yes	□ no	
☐ Ms.				
Mr. Artist_	GREGO V	ey K.	EDMOND	
Permanent	0	,	(Last Name Last)	
Address 89	73 BRAN	DYWINE	(Last Name Last) NORTHFIEL	
9	Street	/	City	
44067	Tel. (216)	467-34	07	
Zip	Area Code			
Temporary or				
Studio Addres				
	Street		City	
and the same and t	Tel-()			
Zip	Area Code			
If you do not j	presently live in o	one of the cour	nties of the	
	ve, which county			
Collaborator _				
	(If Any)			
If May Show e	ntries are not acc	cepted or not s	old:	
	pick up at Muser			
	nould dispose of.			
☐ Museum sh	nould ship to arti	ist C.O.D. at th	is address:	
	.ca.a omp to arti	3.0.D. at th	10 4441 6001	

Special Instructions

When necessary include below instructions or a drawing of how the dbject is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until May 30, 1982.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature

regary K. Edmonds

DO NOT DETACH